

FORM #584

## GRIEVANCE FORM


FACILITY: D.C.C.DATE: NOVEMBER 22, 2004GRIEVANT'S NAME: WILLIAM A. NEWSOMSBI#: 257317CASE#: 9774APPROX. TIME OF INCIDENT: SEPTEMBER 17, 2004 11:00 AMHOUSING UNIT: D-EAST/D-10

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON SEPTEMBER 17, 2004 I FILED AN APPEAL ON A MEDICAL GRIEVANCE THAT WAS DENIED ON SEPTEMBER 14, 2004. MY REASON FOR FILING THE APPEAL WAS BECAUSE I STILL HAD NOT BEEN GIVEN PROPER MEDICAL CARE. I WAS DENIED DUE PROCESS TO THE GRIEVANCE PROCESS, AND I JUST BECAME AWARE OF MY RIGHT TO BE PRESENT AT THE LEVEL II MEDICAL GRIEVANCE HEARING. I BECAME KNOWLEDGEABLE OF THIS ON NOVEMBER 22, 2004. BUREAU OF PRISONS PROCEDURE 4.4 CLEARLY STATES THAT THE INMATE MUST BE PRESENT AT THE LEVEL II HEARING, THIS HOWEVER DID NOT HAPPEN. FURTHERMORE, I HAVE NOT HEARD ANYTHING ABOUT THE APPEAL THAT I FILED.

ACTION REQUESTED BY GRIEVANT: I'M REQUESTING AN INVESTIGATION AS TO WHY I WAS DENIED MY RIGHT TO BE PRESENT AT MY LEVEL II HEARING FOR MY MEDICAL GRIEVANCE ON SEPTEMBER 14, 2004, AND AN INVESTIGATION AS TO WHY I HAVE NOT RECEIVED A RESPONSE TO MY APPEAL I FILED ON SEPTEMBER 17, 2004.

GRIEVANT'S SIGNATURE: William A. Newsom DATE: NOVEMBER 22, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANTEXHIBIT  
(2 SIDED)

April '97 REV

RECEIVED

DEC 08 2004

DEC 01 2004

Inmate Grievance Office

## Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be recieved during the next working day.

## Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

☐ Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

☐ Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. ☐ Disciplinary Action ☐ Parole Decision  
☐ Classification Action

☐ Request. Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.

☐ Duplicate Grievance(s). This issue has been addressed previously in Grievance # \_\_\_\_\_.

☐ Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

☐ Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

☒ Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*you left the DOC  
put in a sick call slip  
then grieve again if  
nothing happens*

DEC 08 2004

Inmate Grievance Chairperson

Date

EXHIBIT "H"